Nurse Delegation Core Training for Nursing Assistants

Sign-In Sheet

Name of RN Trainer	Training Location	Date of Training	

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32		Name of Student Attending Training.	Residential Agency	Location of Res. Agency (city)
7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	1			
7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	2			
7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	3			
7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	4			
7 8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>5</u>			
8 9 10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>6</u>			
10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>7</u>			
10 11 12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>8</u>			
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12 13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>10</u>			
13 14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>11</u>			
14 15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>12</u>			
15 16 217 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>13</u>			
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18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>16</u>			
18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	217			
19 20 21 22 23 24 25 26 27 28 29 30 31 32	<u>18</u>			
20 21 22 23 24 25 26 27 28 29 30 31 32	19			
22 23 24 25 26 27 28 29 30 31 32	20			
22 23 24 25 26 27 28 29 30 31 32	21			
23 24 25 26 27 28 29 30 31 32	22			
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26 27 28 29 30 31 32	25			
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32				
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3.5	33			